SUBMISSION ID:
 1066471

 FACILITY:
 H2-Oh-Yeah

 LOCATION:
 2134 C.R. 224

Ashley, OH 43003

COUNTY: Morrow DISTRICT: CDO

STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD:

REPORTING LAB:

ANALYST:

Original 4MP00028*AM

401

2021-06-01 To: 2021-06-30

Brookeside Cheryl Rex

NO DISCHARGE INDICATOR:

PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2021-06-01	7.5	.0486	.0003	AA5.0	23.2	248.56	.20
2021-06-02		<u> </u>				!	
2021-06-03 2021-06-04						!	
2021-06-05						-	
2021-06-06						 	
2021-06-07						İ	
2021-06-08							
2021-06-09							
2021-06-10						!	
2021-06-11 2021-06-12						-	
2021-06-12		<u> </u>					
2021-06-14	7.62	.0369	.0004	AA5.0	23.42	277.89	.20
2021-06-15	7.54	.0502	.0003	AA5.0	24.52	245.78	.20
2021-06-16	7.53	.0401	.0004	AA5.0	21.16	245.01	.20
2021-06-17	7.54	.040	.0003	AA5.0	22.22	241.81	.20
2021-06-18							
2021-06-19 2021-06-20							
2021-06-21							
2021-06-22	7.39	.0376	.0003	AA5.0	19.94	248.46	.20
2021-06-23	7.54	.0055	.0055	AA5.0	16.46	226.95	.20
2021-06-24							.20
2021-06-25	***************************************		-				.20
2021-06-26 2021-06-27		!				 	
2021-06-28						 	.20
2021-06-29						i	.20
2021-06-30							
Minimum	7.39	0.0055	3.0E-4	0.0	16.46	226.95	0.2
Maximum	7.62	0.0502	0.0055	0.0	24.52	277.89	0.2
Average	000000000000000000000000000000000000000	0.03699	0.00107	0	21.56	247.78	0.2
Count	7	7	7	7	7	7	11
Name of Resp	onsible I certi	fy under the pe	nalty of law that	I Signature of	of Responsible		Submission
Official or Aut Representa	norized have p	personally exam	ined and am	Author	ized Represent	ative	Date/Time
Kepresenta	St.CTITITIO	ar with the info					
		tted herein and					
		y of those indiv			000000000000000000000000000000000000000		000000000000000000000000000000000000000
			ble for obtaining	J			
	8 1 .	formation, I beli					Certification
	8800000	ueu momalialioi	is true, accurat	₽.			
Jeffre			varo that thora			1	Version Date
Jeffre	y and co	mplete. I am av		a			Version Date
Jeffre William	son are sig	mplete. I am av	ies for submittin	g			Version Date 2021-07-20 11:0

Page 1

Original **4MP00028*AM** SUBMISSION ID: 1066471 STATUS: FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: STATION CODE: MONITORING PERIOD:

Ashley, OH 43003

COUNTY: Morrow **REPORTING LAB:** Brookeside DISTRICT: CDO ANALYST: Cheryl Rex

NO DISCHARGE INDICATOR:

			NC	DISCHARGE II	NDICATOR:		
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING TYPE	24hr Total Estimate						
2021-06-01							
2021-06-01	.162					-	
2021-06-02		å	-	***************************************		i	
2021-06-04						 	
2021-06-05			1			 	
2021-06-06	***************************************	<u> </u>				 	
2021-06-07						i	
2021-06-08						l	
2021-06-09							
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13							
2021-06-14	.216						
2021-06-15	.216						
2021-06-16	.216					 	
2021-06-17 2021-06-18	.216						
2021-06-18							
2021-06-20		<u></u>					
2021-06-21	***************************************			*******************************			
2021-06-22	.216						
2021-06-23	.216	<u> </u>					
2021-06-24	.216						
2021-06-25	.216						
2021-06-26							
2021-06-27							
2021-06-28	.216						
2021-06-29	.216	<u></u>				 	
2021-06-30							
Minimum	0.162						
Maximum	0.216			***************************************			
Average	0.21109					<u></u>	
Count	11						
Name of Resp Official or Aut Representa	horized have p ative familia submit inquiry	ersonally exam or with the info oted herein and of those indiv	rmation based on my iduals	Author	of Responsible ized Represent	Official or ative	Submission Date/Time
Jeffre William	immed the inf submit and co are sig false in	ble for obtaining ieve the is true, accurate vare that there ies for submitting luding the imprisonment.	9			Certification Version Date 2021-07-20 11:0	
***************************************	\$170331D	LLLUT VI IIIIV UIIV					8

Page 2

 SUBMISSION ID:
 1066471
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

				O DISCHARGE I	MOTORION	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	I inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Dis	88888888888888888888888888888888888888
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-06-01							
2021-06-02						ļ	
2021-06-03		-					
2021-06-04		<u> </u>				!	
2021-06-05 2021-06-06		8					
2021-06-07		<u> </u>					
2021-06-08		***************************************				 	***************************************
2021-06-09						i	
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13							
2021-06-14							
2021-06-15 2021-06-16							
2021-06-17		-					
2021-06-18	***************************************	-				 	***************************************
2021-06-19						 	
2021-06-20		000					
2021-06-21							
2021-06-22							
2021-06-23		<u> </u>					
2021-06-24						!	
2021-06-25 2021-06-26							
2021-06-27		-					
2021-06-28						 	
2021-06-29		•					
2021-06-30							
Minimum							
Maximum							
Average							
Count							
Name of Resp Official or Aut	onsible I certi horized have r	fy under the per personally exam	nalty of law that ined and am	∐ Signature o Author	of Responsible rized Represent		Submission Date/Time
Representa	ti ve familia submi	ar with the infor tted herein and y of those indiv	rmation based on my				
Jeffrey Williamson Jeffres Williamson Jeffres Williamson Jeffres Williamson Jeffres Williamson Jeffres Submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			:e			Certification Version Date 2021-07-20 11:0	

Page 3

 SUBMISSION ID:
 1066471
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB: DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

				DISCHARGE II	TDICATONI	AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING TYPE	24hr Total Estimate						
2021-06-01							
2021-06-02							
2021-06-03			i	***************************************			
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07							
2021-06-08							
2021-06-09							
2021-06-10			<u> </u>				
2021-06-11			-				
2021-06-12			 				
2021-06-13			-				
2021-06-14 2021-06-15			- 				
2021-06-15			 				
2021-06-17		_	-				
2021-06-18			 				
2021-06-19			 				
2021-06-20							
2021-06-21				***************************************			
2021-06-22							
2021-06-23							
2021-06-24							
2021-06-25							
2021-06-26							
2021-06-27			-				
2021-06-28			 				
2021-06-29 2021-06-30	***************************************	***************************************			***************************************	***************************************	
		_	-				
Minimum							
Maximum	000000000000000000000000000000000000000	2000000		000000000000000000000000000000000000000	000000000000000000000000000000000000000		
Average Count							
			1. Cl .1 . T	16: .			Gubarianian
Official or Authorized has Representative fa			I Signature of Responsible Official or Authorized Representative			Submission Date/Time	
	inqı	airy of those indiv					
		immediately responsible for obtaining the information, I believe the					
,	8 -	mittod information	neve the				Certification
Jeffre			n is true, accurate				Version Date
		complete. I am av					
William	false	e information, inc		20000000000			2021-07-20 11:07
	IDOS:	<u>sibility of fine and</u>	a miiprisoiiiiieiil.	<u> </u>	***************************************		.

Page 4

 SUBMISSION ID:
 1066471
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	l inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-06-01							
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06		8					
2021-06-07		-					
2021-06-08 2021-06-09		-					
2021-06-09		I					
2021-06-10							
2021-06-12		•					
2021-06-13		1					
2021-06-14							
2021-06-15							
2021-06-16	***************************************						
2021-06-17	***************************************						
2021-06-18	***************************************	**************************************		***************************************			
2021-06-19		8					
2021-06-20		1				 	
2021-06-21 2021-06-22						8	
2021-06-22							
2021-06-24		-					
2021-06-25							
2021-06-26		1					
2021-06-27							
2021-06-28							
2021-06-29							
2021-06-30							
Minimum							
Maximum							
Average	000000000000000000000000000000000000000			***************************************		000000000000000000000000000000000000000	
Count							
Name of Responsible I certify under the penalty of law that I Official or Authorized Representative have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals				I Signature o Author	f Responsible ized Represent		Submission Date/Time
Jeffrey Williamson Wil				e			Certification Version Date 2021-07-20 11:07

Page 5

 SUBMISSION ID:
 1066471
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Kari LongNO DISCHARGE INDICATOR:AL

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y aaaaaaaaaaaaa	***************************************				Q.	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING	24hr Total						
TYPE	Estimate						
2021-06-01							
2021-06-02							
2021-06-03				Ī			
2021-06-04						1	
2021-06-05						1	
2021-06-06		8					
2021-06-07		8					
2021-06-08							
2021-06-09							
2021-06-10							
2021-06-11						ļ	
2021-06-12							
2021-06-13							
2021-06-14							
2021-06-15							
2021-06-16							
2021-06-17						 	
2021-06-18							
2021-06-19							
2021-06-20 2021-06-21						 	
2021-06-22						 	
2021-06-22							
2021-06-24							
2021-06-25							
2021-06-26				 		 	
2021-06-27						i	
2021-06-28		1				i	
2021-06-29						i	
2021-06-30	***************************************					i	
Minimum							
Maximum						 	
Average	000000000000000000000000000000000000000						
Count							
			1, 61 .1	I Cinn i	£ D	0.661 - 1 - 1 -	Cultural and and
Name of Kesp	ouzibie [C6]	ury under the p	enalty of law that	I Signature o	f Responsible		Submission Date/Time
Representa	norizea have	personally exa	mined and am	Autnor	ized Represent	.acive	Pate/IIIIe
vehteseuts	gr (crrrr	liar with the inf					
		submitted herein and based on my					
		inquiry of those individuals					
000000000000000000000000000000000000000	imm	ediately respon	sible for obtainin	g \$************************************	000000000000000000000000000000000000000	000000000000000000000000000000000000000	
		nformation, I be		-			
laffra	8 .		on is true, accura	ce I			Certification
Jeffre			aware that there				Version Date
William	son are	significant nena	lties for submittin	a l			2021-07-20 11:07
AAIIIIAIII	falsa	information, ir	icluding the	.a			ZUZI-U/-ZU II:U/
			nd imprisonment.				
	10022	TRITTLY OF THIS OF	ia midiioniiidii.				

Page 6

 SUBMISSION ID:
 1066471
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Cheryl Rex

NO DISCHARGE INDICATOR:

			N	O DISCHARGE II	NDICATOR:		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rati	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mq/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1/2 Weeks	1/2 Weeks	1/2 Weeks	1/2 Weel	cs 1/2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Tota Estimate	al Grah
2021-06-01							
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07	.8910	.3960	AA5.0	22.0200	.2640	0	.7230
2021-06-08							
2021-06-09						 	
2021-06-10							
2021-06-11							
2021-06-12							
2021-06-13 2021-06-14	1.2420	.9050					
2021-06-14	1.2420	,9030					
2021-06-15							
2021-06-17							
2021-06-18							
2021-06-19							
2021-06-20							
2021-06-21	.9390	.1867	AA5.0	20.8000	.2447	0	.7830
2021-06-22							
2021-06-23							
2021-06-24							
2021-06-25							
2021-06-26							
2021-06-27							
2021-06-28	1.1690	.4382					
2021-06-29		***************************************			***************************************		
2021-06-30							
Minimum	0.891	0.1867	0.0	20.8	0.2447	0.0	0.723
Maximum	1.242	0.905	0.0	22.02	0.264	0.0	0.783
Average	1.06025	0.48148	0	21.41	0.25435	00	0.753
Count	4	4	2	2	2	2	2
Name of Resp Official or Aut Represent	t horized have pe a tive familia submit	ersonally exam r with the infor ted herein and	mation based on my		f Responsible ized Represent		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				ee			Certification Version Date 2021-07-20 11:0

Page 7

 SUBMISSION ID:
 1066471
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrookesideDISTRICT:CDOANALYST:Cheryl Rex

NO DISCHARGE INDICATOR:

			N	O DISCHARGE II	NDICATOR:		
PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitroger Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1/2 Weeks	1/Month	1/Month	1/Month	1/Month	1
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2021-06-01							
2021-06-02							
2021-06-03							
2021-06-04							
2021-06-05							
2021-06-06							
2021-06-07	25.6870	1.5	7.56	AA5.0	.0000	AA5.0	
2021-06-08 2021-06-09							
2021-06-09							
2021-06-10							
2021-06-12							
2021-06-13							
2021-06-14							
2021-06-15							
2021-06-16							
2021-06-17							
2021-06-18							
2021-06-19							
2021-06-20		***************************************					
2021-06-21	28.8890	1.5					
2021-06-22							
2021-06-23							
2021-06-24 2021-06-25							
2021-06-26							
2021-06-27							
2021-06-28							
2021-06-29							
2021-06-30		***************************************	***************************************	***************************************	***************************************		***************************************
Minimum	25.687	1.5	7.56	0.0	0.0	0.0	
Maximum	28.889	1.5	7.56	0.0	0.0	0.0	***************************************
Average	27,288	1.5		0	0	0	
Count	2	2	1	1	1	1	
Name of Resp	submit	ersonally exami r with the infor ted herein and i	ined and am mation based on my	I Signature o Author	f Responsible (ized Represent		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				re			Certification Version Date 2021-07-20 11:07

Page 8

FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2021-06-01 To: 2021-06-30

Ashley, OH 43003

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
-----------------	-------------------	-------------------	------	------	---------